11-02-05

PART B - FEE(S) TRANSMITTAL

Complete and this form, together with applicable fee(s), to: Mail					Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885		
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CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for 1590 08/30/2005 DNER LLP DNSIN AVENUE	any change of address)	-	pap hav	ers. Each addition e its own certifica	f mailing can only be used finis certificate cannot be used all paper, such as an assignme te of mailing or transmission. Label EV 625658381 ertificate of Mailing or Transmittal is beir with sufficient postage for fail Stop ISSUE FEE address PTO (571) 273-2885, on the	ent or formal drawing, must
11/03/2005 MBERHE1 00000004 10686017				<u> </u>		Carolyn Simpson	(Depositor's name)
·					Car	olipsimpe	(Signature)
01 FC:2501 700.00 DP 02 FC:1504 300.00 DP						November 1, 2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INV		INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/686,017	10/15/2003		Harold F	. Ross		071492-0115	4874
APPLN, TYPE	CE CREAM MACHINE WI			PURU	ICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	YES	\$700	1		\$300	\$1000	11/30/2005
nonprovisionar	nonprovisional YES		3700			7.000	11/50/2005
EXAMINER		ART UNIT		CLAS	S-SUBCLASS	ا	
TAPOLCAI, WILLIAM E		3744		06	2-342000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	D RESIDENCE DATA TO E						
PLEASE NOTE: Unles recordation as set forth it	s an assignee is identified b in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe T a substitute f	ear on the properties of the p	oatent. If an assig assignment.	gnee is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Ross's Manufacturing, LLC Escanaba, Michigan							
Please check the appropriat	te assignee category or catego	ories (will not be pr	inted on the pa	atent):	Individual 🖼	Corporation or other private g	roup entity Government
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Advance Order - # of Copies							
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	s (from status indicated above		D b. Applica	ant is no lo	nger claiming SM.	ALL ENTITY status. See 37 (CFR 1.27(g)(2).
• •			tion Fee (if any d from anyone Office.	y) or to re-a other than	apply any previou the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or	ation identified above. the assignee or other party in
Authorized Signature _	hen!	Jun			Date	0-71-0	
Typed or printed name	// Joseph N. Zi				Registratio		
Alexandria, Virginia 22313	5-1430.					withe public which is to file (at 2 minutes to complete, includ comments on the amount of to d Trademark Office, U.S. De SS. SEND TO: Commissione it displays a valid OMB control	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Harold F. Ross

Title:

ICE CREAM MACHINE WITH

SPECIALIZED MOTOR

Appl. No.:

10/686,017

Filing Date:

10/15/2003

Examiner:

Tapolcai, William E.

Art Unit:

3744

Conf. No.:

4874

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box

1450, Alexandria, VA 22313-1450.

11/1/05

EV 625658381 US (Express Mail Label Number)

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Carolyn Simpson

(Printed Name)

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ISSUE FEE TRANSMITTAL

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Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$1,000.00 for payment of the Issue Fee and the Publication Fee.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Respectfully submitted,

Date

FOLEY & LARDNER LLP

Customer Number: 26371

Telephone: Facsimile:

(414) 297-5768 (414) 297-4900 Ву

Attorney for Applicant Registration No. 35,421